



06-22-04

Express Mail No. EV449562395US

1653

# TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	09/393,441
Filing Date	September 8, 1999
First Named Inventor	Christen M. Anderson
Art Unit	1653
Examiner Name	SNEDDEN, Sheridan
Attorney Docket No.	660088.420C1

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement; Form PTO-1449 (1 pg.) <input checked="" type="checkbox"/> Cited References (2) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below): <hr/> <hr/> <hr/>
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Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Mae Joanne Rosok Reg. No. 48,903	Customer Number 00500
Signature		
Date	June 21, 2004	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Via Express Mail	
Signature		Date:

492070



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# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$)  
**290**

Complete If Known	
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METHOD OF PAYMENT																																																																									
<input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																																									
<input type="checkbox"/> Deposit Account: <div style="display: flex; align-items: center;"> <div style="flex: 1; margin-right: 10px;">Deposit Account Number</div> <div style="border: 1px solid black; padding: 2px; width: 150px;">19-1090</div> </div> <div style="display: flex; align-items: center;"> <div style="flex: 1; margin-right: 10px;">Deposit Account Name</div> <div style="border: 1px solid black; padding: 2px; width: 150px;">Seed Intellectual Property Law Group PLLC</div> </div>																																																																									
<p>The Director is authorized to (check all that apply)</p> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> Charge fee(s) indicated below  <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee  <input checked="" type="checkbox"/> Charge any deficiencies         </div> <div style="flex: 1;"> <input checked="" type="checkbox"/> Credit any overpayments         </div> </div> <p>to the above-identified deposit account.</p>																																																																									
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SUBMITTED BY				Customer Number
Name (Print/Type)	Mae Joanne Rosok	Registration No. (Attorney/Agent)	48,903	
Signature	<i>Mae Joanne Rosok</i>	Date	June 21, 2004	00500
492069				